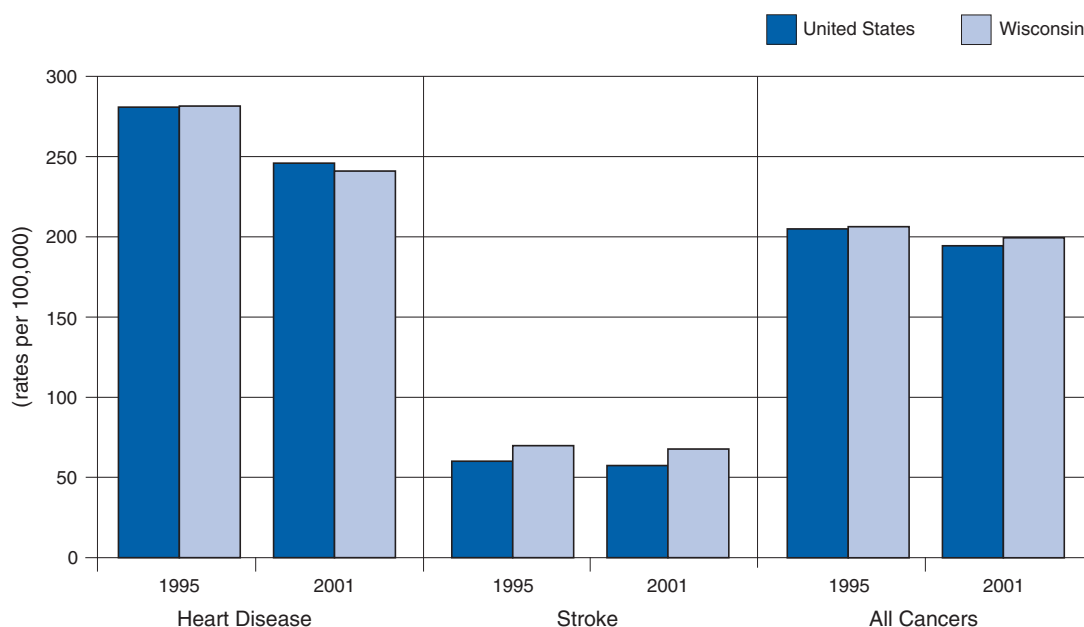


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Wisconsin, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

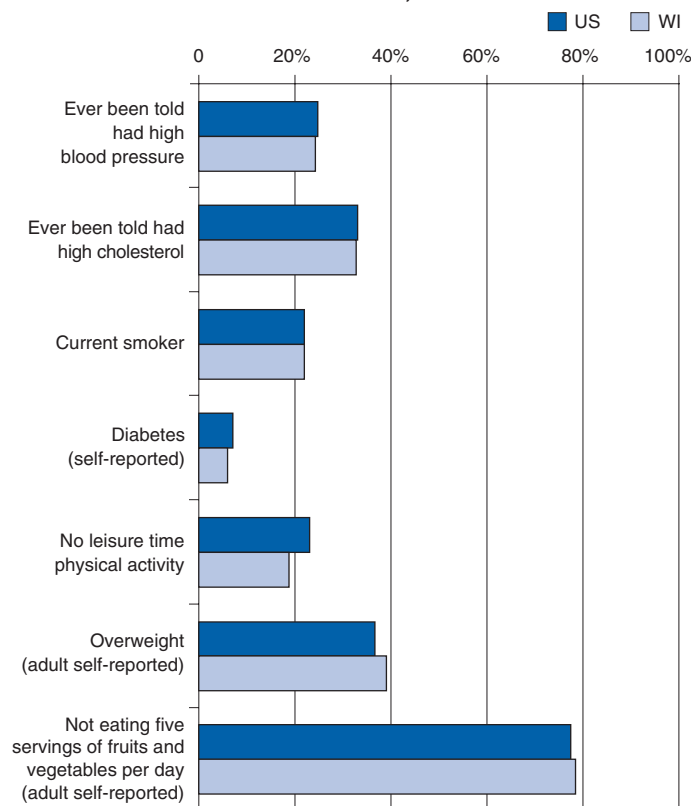
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Wisconsin, accounting for 13,023 deaths or approximately 28% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 3,658 deaths or approximately 8% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 10,780 are expected in Wisconsin. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 26,160 new cases that are likely to be diagnosed in Wisconsin.

Estimated Cancer Deaths, 2004

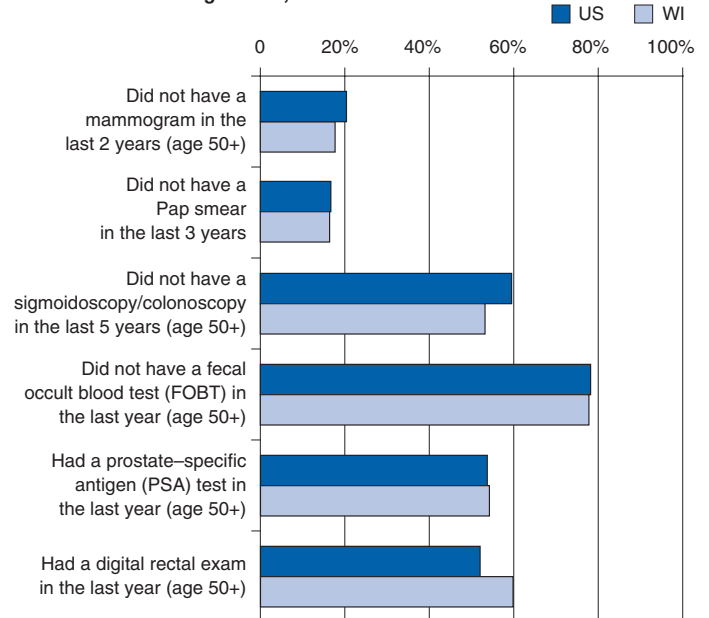
Cause of death	US	WI
All Cancers	563,700	10,780
Breast (female)	40,110	750
Colorectal	56,730	1,120
Lung and Bronchus	160,440	2,820
Prostate	29,900	500

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Wisconsin's Chronic Disease Program Accomplishments

Examples of Wisconsin's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races, from 272.7 per 100,000 in 1990 to 240.6 per 100,000 in 2000.
- A 19.0% decrease in the number of women older than age 50 who reported not having a mammogram in the last 2 years (from 36.7% in 1992 to 17.7% in 2002).
- A higher prevalence rate than the corresponding national rate for self-reported participation in leisure time physical activity (81.2% in Wisconsin versus 76.9% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Wisconsin in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Wisconsin, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Wisconsin BRFSS</i>	\$185,583
National Program of Cancer Registries <i>Wisconsin Cancer Reporting System</i>	\$472,881
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>Great Lakes Regional Stroke Network</i> <i>Lipid Management Project</i> <i>Epidemiology Task Force</i> <i>Wisconsin Cardiovascular Health Alliance</i>	\$350,000
Diabetes Control Program <i>The Wisconsin Collaborative Diabetes Quality Improvement Project</i> <i>Wisconsin Primary Health Care Diabetes Collaborative</i> <i>Wisconsin Diabetes Advisory Group (DAG)</i>	\$765,527
National Breast and Cervical Cancer Early Detection Program <i>Wisconsin Well Woman Program</i>	\$3,151,995
National Comprehensive Cancer Control Program <i>Wisconsin Department of Health and Family Services</i>	\$422,958
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Wisconsin Tobacco Control Program</i>	\$1,141,265
State Nutrition and Physical Activity/Obesity Prevention Program <i>Eat Well Play Hard</i> <i>Prevention Projects</i> <i>Walk to School Day</i>	\$443,005
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$6,933,214

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Wisconsin that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

In 2001, about 35% of all deaths in Wisconsin (16,681) were due to cardiovascular disease (CVD). CVD is the leading cause of death among men and women of all racial and ethnic groups in Wisconsin. Annually, CVD causes more deaths than cancer, AIDS, automobile crashes, domestic abuse, and alcohol abuse combined.

The 2002 *Cardiovascular Disease Surveillance Summary* published by the Wisconsin Bureau of Chronic Disease Prevention and Health Promotion reported that the estimated annual total cost of CVD to the state was \$5.2 billion—or more than \$1,000 for every man, woman, and child. In 2000, there were almost 94,000 hospitalizations for CVD, accounting for over \$1.6 billion in charges. Total costs included direct costs (health care, provider visits, hospital and nursing home services, medications, home care) and indirect costs (lost productivity).

Much of the health and economic burden of CVD can be prevented. Data from the 2003 CDC Behavioral Risk Factor Surveillance System indicate that Wisconsin residents have a variety of risk factors for CVD, including high rates of physical inactivity, obesity, and high blood pressure. Twenty-four percent of Wisconsin's residents reported having been told by a health care provider that they have high blood pressure and 45.3% reported that they do not meet the recommended guidelines for moderate physical activity. In addition, only 21.5% reported consuming 5 or more servings of fruits and vegetables per day. Consequently, 36.3% of the population is overweight and 21.6% is obese. Smoking, another risk factor for CVD, is prevalent in Wisconsin—more than one fifth of adults in Wisconsin reported that they were current smokers (22.0%).

Heart disease can be prevented by increasing physical activity, maintaining a normal body weight, and eating a healthy diet. The Wisconsin Department of Health began receiving funds from CDC in 2000 to support a state heart disease and stroke prevention program. The Cardiovascular Health Program in Wisconsin is working to create environments that support or encourage healthier lifestyles, so that Wisconsin residents can help to reduce the state's CVD burden. In addition, the program is building partnerships with residents, advocacy groups, health organizations, health professionals, local health departments, and other governmental and nongovernmental agencies to decrease risk factors for heart disease and stroke.

Text adapted from *Wisconsin Cardiovascular Disease Surveillance Summary* (2002).

Disparities in Health

About 4.2% of the US population considers themselves to be of Asian or Pacific Island descent. Only about 2% of Wisconsin's residents are Asian, however, over 70% of the state's Asian/Pacific Islander population are Hmong refugees from Laos and their descendants, who emigrated to Wisconsin beginning in the 1970s. From 1990 to 2000, the Hmong population more than doubled from 16,373 to 33,791. The Hmong population tends to be concentrated in selected counties across the state, especially in Milwaukee, Dane, Waukesha, Brown, La Crosse, Marathon, Sheboygan, Eau Claire, Outagamie, and Winnebago counties.

Asian/Pacific Islander populations in the United States tend to be healthy; according to the American Cancer Society, this population has lower rates of death from breast cancer (12.5 per 100,000) and colorectal cancer (13.1 per 100,000) than any other racial or ethnic group. In Wisconsin, between 1996 and 2000, data from the Wisconsin Behavioral Risk Factor Surveillance System indicate that Asian/Pacific Islander adults had almost the same smoking rate as whites (22% compared to 23%). Asian/Pacific Islander youth were also as likely as white youth to smoke (10% compared with 9%). Asian/Pacific Islanders were less likely to be overweight or obese than whites (35% compared with 56%).

However, language and cultural issues present barriers to accessing health care. In a report published by the University of Wisconsin Extension program, Hmong families indicated that the high cost of health insurance prevented some Hmong families from seeking health care. In addition, the Hmong families wanted to use providers that considered using traditional Hmong medical practices, including herbal remedies.

Other Disparities

- **High Blood Pressure:** African Americans were more likely to report having been told that they have high blood pressure (27.0%) than whites (24.6%).
- **Physical Inactivity:** African Americans (35.9%) and Hispanics (27.4%) were more likely to report that they did not participate in any leisure time physical activity during the past month than whites (17.6%).
- **Diabetes:** African Americans were almost twice as likely as whites to report having been diagnosed with diabetes (10.7% of African Americans, compared with 5.9% of whites).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
E-mail: ccdinfo@cdc.gov | Web: <http://www.cdc.gov/nccdphp>